

# ANNAPOLIS POLICE DEPARTMENT

## POLICE COMMUNITY SERVICE QUESTIONNAIRE

The Annapolis Police Department would like to hear from you. Our communities input helps us to improve the delivery of our services to Annapolis. This short survey will help us determine how well our department performs it's mission. You may fill this survey out here and drop it in the box that is in the front lobby of the police station or you may take it home and return it by mail to the Annapolis Police Department, Community Services Section, 199 Taylor Ave. Annapolis MD 21401.

### General Information

1. Are you a resident of Annapolis? YES ☐ NO ☐ Female ☐ Male ☐
2. If YES what area of town do you reside? Downtown ☐ Eastport ☐ Parole ☐  
West Annapolis ☐
3. What is your age group? Under 18 ☐ 18 - 24 ☐ 24 - 35 ☐ 36 - 45 ☐ 46 - 55 ☐  
56 - 65 ☐ 66+ ☐

### General Questions

1. In the past 12 months have you had contact with the Annapolis Police Department?  
YES ☐ NO ☐ (If no skip to #4)
2. What was the nature of your contact with the Annapolis Police Department ? (Check any that apply)  

|  |  |
|--|--|
| Was a victim of a crime <input type="checkbox"/>   | Personal contact with a police officer <input type="checkbox"/>        |
| Was stopped by an officer <input type="checkbox"/> | Personal contact with another agency employee <input type="checkbox"/> |
| Was arrested <input type="checkbox"/>              | Phone contact with the department <input type="checkbox"/>             |
| Reported a Crime <input type="checkbox"/>          |  |
3. Based on the nature of your contact, how would you rate your encounter with the Department officer/employee?:

|  | Excellent                | Poor                     | Fair                     | Average                  | Good                     |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Employee attitudes and behavior toward citizens        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Appearance of employees                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall competence of employees                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Response time to emergencies                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Response time to calls for service                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall performance of the Annapolis Police Department | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(Non residents do not answer question 4)

|  | Not Safe                 | Safe                     | Very Safe                |
|--|--------------------------|--------------------------|--------------------------|
| 4. How safe do you feel at night in your home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| How safe do you feel out alone at night in your immediate neighborhood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

|   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| How safe do you feel out alone during the day walking in your immediate neighborhood? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

5. Please answer YES or NO to the following questions:

Overall, I feel that my neighborhood is safe      YES ☐ NO ☐ (Non residents do not answer)

Overall, I feel that Annapolis is a safe city      YES ☐ NO ☐

6. Taking into consideration the last year, what is your perception of crime in Annapolis. Has it:

Increased ☐

Decreased ☐

Remained the same ☐

7. What do you feel is your responsibility as a citizen in relation to dealing with crime? (Check all that apply)

Avoiding involvement with the victim ☐

Assisting victim needing help ☐

Reporting suspicious activity ☐

Avoiding involvement with the police ☐

Reporting crime ☐

Assisting police officers needing help ☐

8. Do you have any suggestions or comments for improving the services that we provide?

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**Thank you for taking the time to fill out this survey and giving us your valuable input.**